

“One Stop Crisis Management Centers: A First Line of Treatment and Help for Survivors of Gender Based Violence in Nepal”

Sitaram Prasai, NHSSP, MoHP

Background

Gender Based Violence (GBV) is a major, yet largely invisible problem in Nepalese society.

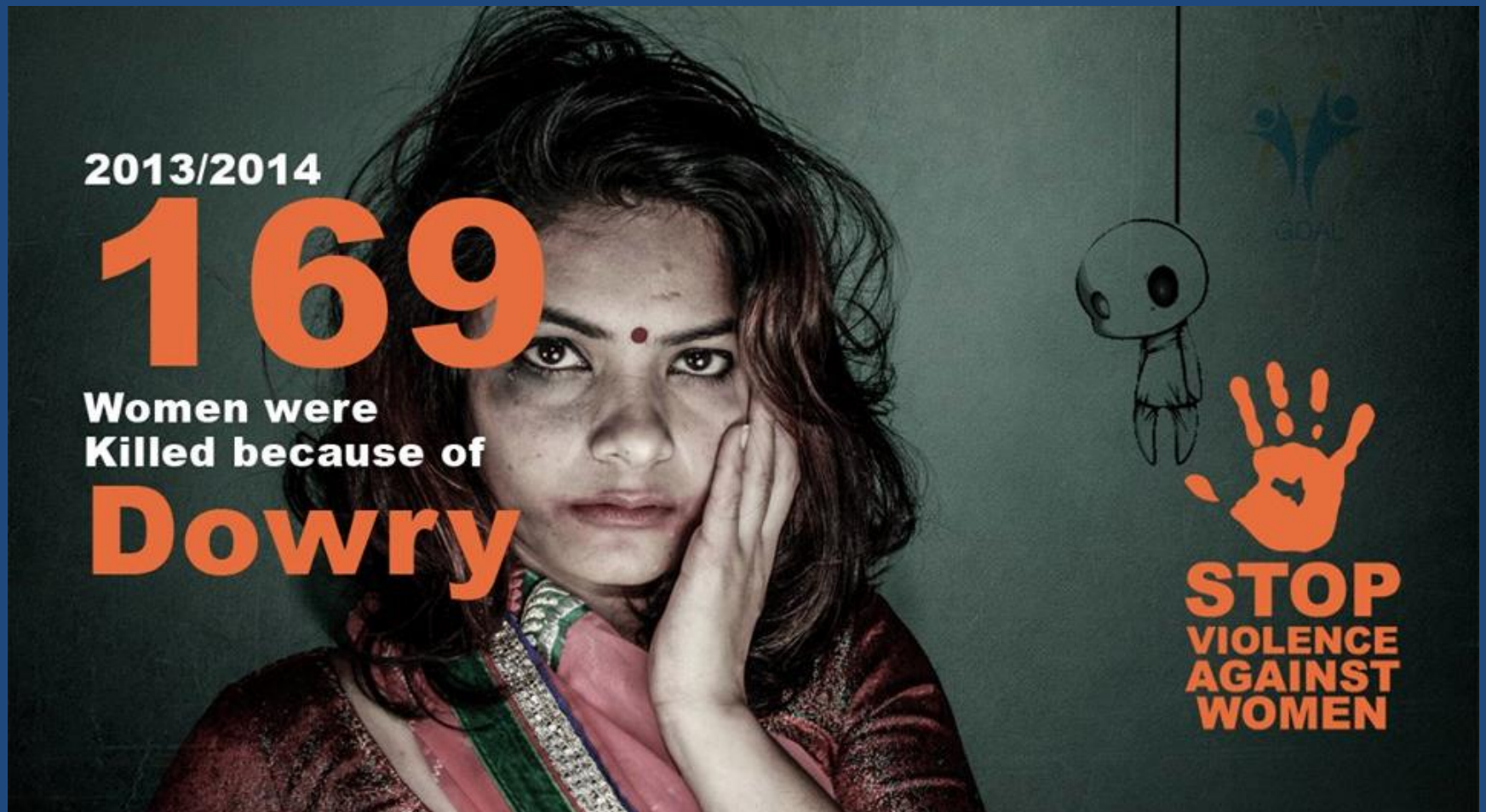
Nepal Demographic Health Survey 2011 found :

- One third of ever married women (15-49 years) have experienced violence perpetrated by their partners.
- Of which, more than 2 in 5 suffered physical injuries.
- 12% of women (15-49 years) have experienced sexual violence at least once in their lifetime.
- 2 in 3 women have never told anyone about the violence they have experienced due to fear of stigmatization and lack of support services.

Background contd..



Background contd..



Background contd..



2013/2014

6835+

Number of Domestic Violence cases

had been Registered in Nepal Police which is Tripled than last year

STOP VIOLENCE AGAINST WOMEN

GOAL

Background contd..



2013/2014
A Total of
3552+
cases of Women who were
Verbally
Abused
by their Partners was
registered on Police

GOAL

STOP
VIOLENCE
AGAINST
WOMEN

Background contd....

- Government declared 2010 as the year to eliminate GBV.
- National Plan of Action developed to combat Violence Against Women (VAW).
 - GBV Unit at the Office of the Prime Minister and Counsel of Ministers established.
 - Multisectoral participation in National Plan of Action (12 Ministries, Women Commission, Parliamentary Committee committed tackling GBV).

OCMC approach



- Since 2011, MoH has established 21 hospital based OCMCs in 21 districts for survivors of GBV.
- In coordination with other line agencies (police, attorney's office, department of women and children) and CSOs, OCMCs are mandated to provide a range of essential services to survivors.

OCMC resources

- Human Resources for 24 hrs functioning of OCMC:
 - Medical Officer, Staff Nurse & Police
- On call service:
 - Medical Doctor, District Attorney, Police Officer, Women Devt Officer
- Physical Infrastructure:
 - Dedicated 3 rooms, internet facility, essential instruments and drugs
 - Private space for forensic examination & counseling
- Financial Resources:
 - Annual budget allocation for OCMC from Ministry of Health, GBV Alleviation Fund, Budget allocation for Safe Home from Ministry of Women, Legal Aid Support Fund
- Capacity Building of service providers:
 - GoN
 - External Development Partners and INGOs



AGBV survivor entering Hetauda Hospital DCMC and being counselled by DCMC staff (2014)

OCMC Survivor Case Study 2014

- One-window support services — A 35 year-old woman had suffered physical and sexual violence throughout the 22 years of her marriage, but had not reported her case for fear of retaliation by her husband. A particularly severe beating led to her visiting the hospital's emergency unit where she was referred to the OCMC. The OCMC provided her with treatment and counselling in private and connected her to the police and a lawyer. She received a variety of services from the OCMC. The continuous follow-up by OCMC staff helped her regain confidence and develop a positive outlook.

Case study #2

- Integrated support enables survivor to regain self-esteem and her job — A young woman had suffered physical violence from a male colleague and discrimination from her employers who fired her when she complained. The local OCMC treated her injuries, counselled her and helped her file a case against the perpetrator. The woman said she had regained her self-esteem and confidence due to this support and the regular follow-up from OCMC staff. Pressure from the OCMC and its partner organisations led to her being reinstated in her job.

Case Story #3

Counselling helps survivor return to a normal life — A 16 year old girl had suffered a traumatic rape. She was taken to hospital and referred on to the OCMC, which treated her wounds in private and helped her register the case with the police. The centre provided repeated counselling that helped her return to a normal life while the counselling of her brothers pacified their anger.

Case Study #4

Counselling leads to recovery and reconciliation —

Various misfortunes and sour relations with her parents led to a college student becoming seriously depressed. A tutor suggested she seek support from the local OCMC. The OCMC played a catalytic role in her recovery by providing her with treatment and counselling. Her parents were also counselled, which led to them behaving more sympathetically. Frequent follow-up by the OCMC improved relations between the survivor and her parents and improved the survivor's outlook on life and attention to her studies.

Enabling Factors

- Efficient and effective coordination of all concerned personnel and agencies (hospital departments, counsellors, safe homes, police offices, legal aid committees, public lawyers, NGOs and rehabilitation centres).
- Provision of 24 hour services at OCMCs.
- Presence of police to protect GBV survivors.
- Orientation and training of staff and stakeholders.

Enabling Factors contd..

- Sensitization campaigns against GBV at national and local levels.
- Dissemination of information about OCMC services through FM radio, brochures and street drama.
- Regular district monitoring of OCMC services led by the Chief District Officer and national OCMC reviews by the Ministry of Health and Population.

Constraints and challenges

- Stigma and fear of GBV survivors and reluctance to seek help.
- Patriarchal norms that place women and girls at risk of GBV and affect how service providers respond to survivors.
- Increased risk of GBV following the two earthquakes in 2015.
- Lack of physical space for a dedicated OCMC at hospitals.
- Lack of counseling skills and culture in the health service.
- Lack of trained forensic experts in hospitals.
- Intersectoral coordination can be difficult to forge without strong national and district leadership.

Achievements

- Up to December 2016, OCMCs have provided support and services to:
 - GBV Survivors: 7100 (Female 94%, Male 6%)
- Orientation on GBV to all OCMC and hospital staff.
- Training/refresher training on GBV and psychosocial counseling has been provided to 153 OCMC and hospital staff.
- Forensic training has been provided to 50 doctors from OCMC hospitals.
- OCMCs have driven multisectoral coordination on GBV in the country, and government is currently looking to integrate eight different guidelines for providing services to GBV survivors across line agencies into one.

Lessons from OCMC

- GBV survivors needs and expectations are different from other hospital patients and it takes time to establish the hospital systems to provide for these.
- In a country like Nepal, OCMCs are not viable in all 75 districts, and GBV medical and psycho-social treatment needs to be integrated into hospitals and clinics in non-OCMC areas.
- At the time of natural disaster, OCMCs provide a valuable psycho-social counseling support.
- OCMCs can provide a platform for broader mental health services.
- Inter-departmental coordination within the hospital is essential for OCMCs to function well.
- Strong inter-agency coordination and partnership including with CSOs is critical to their success.

Thank you